

PURPOSE

To provide a systematic, timely determination of a youth and identified family's strengths and needs and the youth's risk factors. The needs and risk factors of juvenile justice youth must be identified and prioritized for treatment.

DEFINITIONS

See JRG, [JJ Residential Glossary](#).

Intersex

A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development. 28 CFR 115.5.

Transgender

A person whose gender identity (such as, internal sense of feeling male or female) is different from the person's assigned sex at birth. 28 CFR 115.5.

Two-Spirit

A modern umbrella term used by some indigenous North Americans to describe gender-variant individuals in their communities, specifically people within indigenous communities who are seen as having both male and female spirits within them. It is a spiritual role that is recognized and confirmed by the Two-Spirit's indigenous community.

RESPONSIBLE STAFF

State operated and private, contracted juvenile justice residential treatment facility staff. Specific facility staff must be designated in the facility standard operating procedure.

PROCEDURE

Each facility must develop and implement standard operating procedures for training staff and conducting and documenting screening and assessments. At a minimum, these procedures must contain the following requirements outlined in this policy.

**RESIDENTIAL
SCREENING AND
ASSESSMENTS**

All state run and private, contracted juvenile justice residential treatment facilities must have designated treatment team members to administer the following screening and assessments for each youth:

- MDHHS-5606, Prison Rape Elimination Act Screening Tool.
- Massachusetts Youth Screening Instrument-Second Version (MAYSI-II).
- JJ Strengths and Needs Assessment.
- Michigan Juvenile Justice Assessment System (MJJAS).
 - MJJAS Residential Assessment Tool (MJJAS-RES).
 - MJJAS Reentry Assessment Tool (MJJAS-RT).
- Casey Life Skills Assessment, for youth age 14 and older.

State run and private, contracted juvenile justice residential treatment facilities providing intervention for Youth with Problematic Sexual Behaviors must have designated treatment team members to administer the following for each youth:

- Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR).
- Child and Adolescent Needs and Strengths- Sexually Aggressive Behavior (CANS-SAB).

The results from the screening and assessment tools must be recorded in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

Designated residential Treatment Team members must complete and document the following screening and assessments within the following timeframes as outlined in this policy.

Prison Rape Elimination Act (PREA) Screening

The Prison Rape Elimination Act Standards for Juvenile Facilities, (28 CFR 115.341), require facility staff to use a standardized screening tool to reduce the risk of sexual abuse and harassment. Prison Rape Elimination Act compliance will be monitored by the Michigan Department of Health and Human Services.

The MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, is designed to gather information on youth admitted to residential facilities to help reduce the risk of sexual assault or threat of sexual assault by or upon a youth. The MDHHS-5606, must be completed within seventy-two hours (72) of a youth's admission date. Any information voluntarily offered by youth, including any information obtained is to be used to inform housing, bed, program, education and work assignments for youth with the goal of keeping all residents safe and free from sexual assault, threats, bullying and harassment. 28 CFR 115.342(a).

Note: Assignment decisions related to the Prison Rape Elimination Act Standards for Juvenile Facilities must be made within the JJAU assigned placement.

When a youth identifies as transgender, two-spirit or intersex, then his or her own views about his or her own safety must be given **serious** consideration when making housing and program assignments. 28 CFR 115.342(f). These types of assignments must be considered on an individual basis. 28 CFR 115.342(d).

If the results of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool indicate that a youth has experienced prior sexual victimization, facility staff must schedule a follow-up with a medical or mental health practitioner within 14 days of the PREA screening. 28 CFR 115.381(a). If the results indicate that a youth has previously perpetrated sexual abuse, facility staff must schedule a follow-up mental health practitioner within 14 days of the PREA screening. 28 CFR 115.381(b). See [JRM 300, Health Services Delivery](#) and [JRM 302, Behavioral Health Service Delivery](#) for requirements on providing these services.

The results of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, must be documented in the PREA *screening tool* tab of the *admissions* screen in MiSACWIS and the signature page must be uploaded.

As a result of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, any specific changes to assignments shall be documented in MiSACWIS; see *JJ strengths and needs assessment* in this item for information on documenting changes to assignments.

**Massachusetts
Youth Screening
Instrument-Second
Version (MAYSI-II)**

The Massachusetts Youth Screening Instrument-Second Version (MAYSI-II), is a screening tool for youth ages 12-17 to help make decisions about the possible need for immediate intervention when there is minimal information available about a youth. The MAYSI-II does not replace the more comprehensive assessments that are needed to make decisions about long-range placement or treatment planning.

The MAYSI-II provides information to alert staff of the following potential mental and behavioral difficulties:

- Alcohol/Substance use.
- Angry-Irritable.
- Depressed-Anxious.
- Somatic Complaints.
- Suicidal Ideation.
- Traumatic Disturbance.
- Thought Disturbance.

The MAYSI-II must be administered within 4 hours of a youth's admission to the facility and the results must be documented in the Assessments in MiSACWIS; see [JRM 304, Behavioral Health Screening](#), for steps that must be taken based on the youth's screening results.

Exception: In the event the MAYSI-II cannot be administered within the 4-hour time frame (for example, youth is not stable enough to complete the screening), the MAYSI-II must be administered within 48 hours of the youth's admission to the facility.

**Juvenile Justice
(JJ) Strengths and
Needs Assessment**

The JJ Strengths and Needs Assessment is designed to gather information that will help determine what program services a youth and family need. Pursuant to Mich Admin Code, R 400.4155(3)(a), the DHS-232, Initial Treatment Plan, must include an assessment of the youth's and family's strengths and needs. Pursuant to Mich Admin Code, R 400.4155(2) residential facility staff must collect this information from youth, identified family, the juvenile justice specialist and direct care staff through interviews and documentation received in the referral packet.

The JJ Strengths and Needs Assessment must be completed in the Assessments in MiSACWIS and linked to the appropriate DHS-232, Initial Treatment Plan, DHS-233, Updated Treatment Plan, and DHS-234, Release Report.

As a result of the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool, decisions to assign the youth to specific housing, bed, program, education and work assignments must be documented in item D12 of the JJ Strengths and Needs Assessment, which is linked to the DHS-232, Initial Treatment Plan. Indicate any changes to assignments that need to occur to support youth safety. This includes, but is not limited to, room assignment, therapeutic group assignment, classroom assignment, timing of hygiene routine, group activities, etc.

Documentation of specific changes to assignments is required to be documented in item D12 of the JJ Strengths and Needs Assessment, which is linked to the DHS-233, Updated Treatment Plan. Indicate any changes to assignments for sleeping, programming, education or work that need to occur to support youth safety. This includes but is not limited to room assignment, therapeutic group assignment, classroom assignment, timing of hygiene, group activities, etc.

The JJ Strengths and Needs Assessment populates MiSACWIS Strengths and Needs. Every Need identified from the JJ Strengths and Needs Assessment must have a treatment goal.

Does the youth have an identified family?

Family is defined as the person(s) legally responsible for the youth, the legal parent or guardian. Family may include all persons who

are a regular part of the household. When a youth has an identified family, this question must be answered yes or no. If yes, every item requiring a family score must be addressed. This question may only be answered as no if one or more of the following is true:

- Parental rights are terminated.
- Both parents are deceased.
- Parents are unable to be located after diligent search efforts.
- Parents refuse to participate.

The following areas must be scored in accordance with the definitions and an explanation must be provided for each score and any changes since the last assessment:

D1 Family Relationships

This domain is scored for the youth's family only. If the youth does not have an identified family, particular attention must be given to D11, Reentry Housing. Scoring is as follows:

- +3 - Family consistently demonstrates positive and age-appropriate relationships, communication, protection, and nurturing and social activities.
- 0 - Family demonstrates adequate and age-appropriate relationship practices, supportive of treatment.
- -3 - Family demonstrates inadequate relationship practices. Family members may visit but are oppositional to treatment or not supportive of the treatment process.
- -5 - Family demonstrates destructive and/or abusive relationship practices.

D2 Emotional Stability

This domain is scored for the youth and the youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Scoring is as follows:

- +3 - Family/Youth displays the ability to deal with disappointment, anger, grief in a positive manner: Expresses an optimistic view of personal future.
- 0 - Family/Youth displays appropriate emotional responses. Family displays age appropriate emotional, coping responses. Family may demonstrate some depression, anxiety or

withdrawal symptoms that are situationally related. Family maintains situationally appropriate control.

- -3 - Family/Youth displays periodic or sporadic emotional responses, which limit but do not prohibit adequate functionality such as aggressive acting out, withdrawal, mild symptoms of depression, anxiety, neuroses, or need for psychotropic medication.
- -5 - Family/Youth displays frequent or extreme emotional responses, which severely limit adequate functioning. Definition includes incidents of suicidal gestures, need for mental health treatment, hospitalization, psychotropic medication, self-abusive behaviors or fire setting behavior.

D3 Substance Abuse

This domain is scored for the youth and the youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed.

Use of illegal substances by the youth is problematic and must be addressed.

Substance abuse includes disruption of functioning, as evidenced by such things as job loss, removal/dropping out of school, problems with the law, and/or physical harm to self or others. Determine the level of substance use and problems resulting from use by obtaining information in the following areas: frequency of use, planning for use, violent behavior while using, school issues, parental use, attempts to cut down or quit, blackouts or medical problems from use. Indicate the specific type of substance(s) used/abused by the youth and/or family member. Treatment means an intervention designed to address substance abuse issues for the youth. Scoring is as follows:

- +2 - No use by youth. No evidence of problematic substance use or use of illegal substances by family member(s). Family members understand negative consequences of substance use and verbally express opposition to substance use.
- 0 - Experimentation, occasional/infrequent use that does not cause problems in daily functioning. Substance use issues are admitted and willingness to seek treatment is exhibited or family members are currently in treatment.

- -2 - Some substance use by youth and/or family resulting in disruptive behavior, discord in relationships, and/or deterioration of functioning in school/work.
- -4 - Chronic substance abuse that limits daily functioning. Denial of substance abuse problems. There have been failed attempts at rehabilitation and/or not presently involved in treatment, refusal of treatment and/or selling drugs. Problems resulting in serious disruption of functioning, such as loss of relationships, job, removal/dropping out of school, problems with the law, and/or physical harm to self or others, dependency.

D4 Social Relations

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Scoring is as follows:

- +2 - Routinely interacts with peers and adults who display healthy beliefs and model responsible behavior; has some close relationships with adults. Able to maintain positive relationships with peers and adults.
- 0 - Shows some ability to relate and interact with others and is developing skills to choose appropriate models.
- -2 - Interacts and relates to other(s), but primarily chooses negative role models of self-degradation/criminal nature and/or is a gang member. Youth expresses plans to resume negative/criminal behavior upon return to the community.
- -4 - Does not interact or relate to others and/or lacks social skills. Youth does not cooperate with group process.

D5 Education

This domain is scored for the youth only. Assess the youth's education. Indicate if the youth is certified for special education services. Scoring is as follows:

- +2 - Youth is enrolled, attending, has no history of behavior problems, functioning at expected grade level or has GED or High School Diploma.

- 0 - Youth has occasional problems with attendance, classwork effort or behaviors, but continues to function at expected grade level.
- -2 - Youth has chronic problems with attendance, work effort or behaviors and/or functions 1 to 2 years below expected grade level.
- -4 - Youth has chronic problems with attendance, classwork effort or behaviors and/or functions 2 or more years below expected grade level.

D6 Victimization

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Rate the family on whether the person scored has been a victim, based on documentation or self-report.

- 0 - There is no history or indication of sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -1 - There is suspected sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -3 - There is substantiated sexual abuse, physical abuse, sexual exploitation and/or neglect.
- -4 - There are multiple substantiations of sexual abuse, physical abuse, sexual exploitation and/or neglect.

D7 Sexuality

This domain is scored for the youth and youth's family. The family is scored on any person in the family who displays a strength or need in the areas listed.

- 0 - Possesses appropriate knowledge; and youth and family members demonstrate responsible sexual behavior.
- -1 - Possesses appropriate knowledge but youth and family involved in incident(s) or inappropriate/irresponsible sexual behaviors.
- -3 - Incident(s) of non-adjudicated criminal sexual conduct or single criminal sexual conduct adjudication by youth and/or family member.

- -4 - Multiple criminal sexual conduct adjudications.

D8 Life Skills/Functional Independence

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed.

- +1 - Consistently demonstrates most of all of the following skills: ability to deal effectively with authority figures, assertiveness, decision making, friendship making; planning, problem solving and independent living.
- 0 - Manages daily routine without intervention and demonstrates some age-appropriate life skills.
- -1 - Does not consistently demonstrate age-appropriate life skills; needs some intervention to manage daily routine.
- -3 - Does not demonstrate age-appropriate life skills; requires extensive training and assistance to manage daily routine.

D9 Employment

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Work skills include, but are not limited to, timeliness, ability to complete tasks, follow directions, work unsupervised and work with others.

- +1 - Currently employed and demonstrates positive work skills.
- 0 - Unemployed but demonstrates adequate work skills.
- -1 - Currently employed, but is experiencing problems on the job, which might affect his/her employment.
- -2 - Unemployed, lacks skills, has no realistic employment goals or employment interest.

D10 Health Care/Hygiene

This domain is scored for the youth and youth's family. The family score is based on any person in the family who displays a strength or need in the areas listed. Special conditions include but are not limited to diabetes, physical handicap, confinement to bed or

wheelchair, mental illness, disability, heart problems, orthopedic difficulties, HIV, etc.

- +1 - Demonstrates appropriate health care/hygiene. No special conditions exist.
- 0 - Special conditions currently exist which are adequately addressed. Hygiene is adequately addressed.
- -1 - Special conditions currently exist which are adequately addressed. Hygiene is not adequately addressed. Youth/family refuses to regularly follow prescribed medical care.
- -2 - No evidence of routine health care/hygiene and/or special conditions exist which severely limits ability to participate in routine activities of daily living. Youth/family refuses to accept medical treatment.

D11 Reentry Housing

Answer the question - Does the youth currently have a reentry plan in place? with a yes or no. Answer yes when a DHS-738, Reentry Plan, has been completed for the youth; see [JRM 207, Reentry Planning and Preparation](#), for required reentry planning.

D11 is scored for the youth only. The score is based on the youth's reentry housing plan. Residential facility staff must work with the juvenile justice specialist to ensure youth has a reintegration plan in place.

- 0 - Youth has an appropriate living situation.
- -1 - Youth has possible living situation but requires treatment intervention to be appropriate.
- -2 - Youth has no appropriate living situation.

D12 Any Additional Needs that were not addressed

Discuss any additional needs that were not addressed elsewhere on this assessment. Also indicate any changes to assignments for sleeping, programming, education or work that need to occur to support youth safety.

**MJJAS Residential
Assessment Tool
(MJJAS-RES)**

The Michigan Juvenile Justice Assessment System Residential Assessment Tool (MJJAS-RES) is used to gather information for treatment planning and to help determine criminogenic risk level and appropriate treatment and services.

The results of the MJJAS-RES must be entered in and approved in in the Assessments in MiSACWIS and linked to the DHS-232, Initial Treatment Plan.

**MJJAS Reentry
Assessment Tool
(MJJAS-RT)**

The Michigan Juvenile Justice Assessment System Reentry Assessment Tool (MJJAS-RT) is used to gather information to begin reentry planning and to determine changes in criminogenic risk level and appropriate treatment and services.

The MJJAS-RT must be completed in the Assessments in MiSACWIS and linked to every other DHS-233, Updated Treatment Plan, starting with the second one.

If one was not completed with the most recent DHS-233, Updated Treatment Plan, then the MJJAS-RT must be completed and linked to the DHS-234, Release Report.

Each time the MJJAS-RT is completed and approved, facility staff must monitor changes in the youth's criminogenic risk level to ensure that as a youth's risk lowers, proper preparations for planning a youth's release are in place; see [JRM 207, Reentry Planning and Preparation for required activities](#).

**Casey Life Skills
Assessment**

Pursuant to Mich Admin Code, R 400.4155(3)(i), residential facility staff must prepare a plan for functional independence for youth 14 years of age and over. The Casey Life Skills Assessment must be used to assess the behaviors and competencies youth need to achieve long-term goals. The Casey Life Skills Assessment must be used in a collaborative conversation between the residential case manager and the youth.

The Casey Life Skills Assessment is available on the [Casey Life Skills](#) website and the results must be entered in the Assessments in MiSACWIS, for youth age 14 or older. The Casey Life Skills Assessment must be completed and documented in MiSACWIS along with the DHS-232, Initial Treatment Plan. A reassessment must be completed and documented in MiSACWIS with every other DHS-233, Updated Treatment Plan starting with the second one.

If one was not completed with the most recent DHS-233, Updated Treatment Plan then one must be completed and documented in MiSACWIS with the DHS-234, Release Report.

Youth with Problematic Sexual Behaviors

State operated and contracted juvenile justice residential treatment facilities who serve youth with problematic sexual behaviors must complete the following assessments to identify the youth's preliminary risk factors and the youth's dynamic factors:

- The CANS-SAB must be used to identify the youth's preliminary risk factors.
- PROFESOR must be used to identify the youth's dynamic factors to assess the youth's overall progress while in placement.

The PROFESOR is designed to identify risk and protective factors for individuals aged 12-25 who have engaged in or have been accused of engaging in illegal or otherwise abusive sexual behavior. The goal of the PROFESOR is to provide information regarding the nature and intensity of interventions that will facilitate sexual and relationship health and, thus, eliminate sexual offense recidivism.

The PROFESOR contains only dynamic factors:

- Individual.
- Interpersonal.
- Environment.

These dynamic factors are focused on the youth's current functioning (throughout the past two months). The PROFESOR can be used regardless of the nature of the illegal or otherwise sexually abusive behavior (i.e. contact vs. noncontact, possession or distribution of child abuse images, etc.) and regardless of the level

of acknowledgement by the individual (i.e. full acknowledgement, minimization, or categorical denial). The PROFESOR also serves as a measure of treatment change over time.

The PROFESOR and CANS-SAB must be completed, and the results must be recorded in the Assessments in MiSACWIS for youth in a Sexually Reactive Program. The assessment must be completed and documented in MiSACWIS with the DHS-232, Initial Treatment Plan. A reassessment must be completed and documented in MiSACWIS with every other DHS-233, Updated Treatment Plan starting with the second one.

If one was not completed with the most recent DHS-233, Updated Treatment Plan, then one must be completed and documented in MiSACWIS with the DHS-234, Release Report.

FORMS

MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool

LEGAL BASE

Federal

Prison Rape Elimination Act, 42 USC 15601 et seq.

Establishes zero tolerance and standards for the detection, prevention, reduction and punishment of rape for individuals in justice custody.

Prison Rape Elimination Act National Standards, General Definitions, 28 CFR 115.5.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.342 (a)-(g).

Provides juvenile facilities standards for prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness and reporting.

Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.381(a)&(b).

Requires facility staff to schedule a follow-up with a medical and/or mental health practitioner within 14 days if the results of the PREA screening indicate that the youth has experienced prior sexual victimization or has previously perpetrated sexual abuse.

Social Security Act, 42 USC 675a, sec. 475a(c)(1)(i).

Within 30 days of the start of each placement in a qualified residential treatment program, a qualified individual must assess the strengths and needs of the youth using an age-appropriate, evidence-based, validated, functional assessment tool.

State

Child Care Organization Licensing Act, 1973 PA 116, MCL 722.111 et seq.

Provides for the protection of children through the licensing and regulation of childcare organizations; to provide for the establishment of standards of care for childcare organizations; to prescribe powers and duties of certain departments of this state and adoption facilitators; to provide penalties; and to repeal acts and parts of acts.

**Michigan
Administrative
Code**

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(2).

Requires residential facility staff to document input from the youth, the youth's family, direct care staff and the referral source in the initial treatment plan, unless documented as inappropriate.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(a).

Requires residential facility staff to complete an assessment of the youth's and identified family's strengths and needs and document in the initial treatment plan.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(i).

Requires residential facility staff to include a functional independence plan for youth 14 years of age and over in the initial treatment plan.

Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166(1)(c).

Requires residential facility staff to complete an assessment of the youth's needs that remain to be met and must be documented in the youth's case record within 14 days after discharge.

POLICY CONTACT

Questions about this policy may be submitted by facility supervisors or managers to: Juvenile-Justice-Policy@michigan.gov.